



TOWN OF ARLINGTON
BOARD OF ASSESSORS

Please Note:
One Property Address
Per Form

MAILING ADDRESS CHANGE FORM

Date: _____

Property Address: _____ Condo Unit #: _____

☐ Indicate here if Property Address and Mailing Address is to be the same

New Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Change of Ownership, if applicable

Prior Owner: _____

New Owner: _____

Date of Sale: _____

This change is to be made for:

☐ Real Estate/Personal Property RE/PP Account # _____

☐ Water & Sewer Water & Sewer Account # _____

For Condominium shared water meter Name of Trustee: _____

Mailing Address: _____

Requested by: _____

Telephone: _____ Email: _____

Signature (owner or authorized agent): _____

This form is not acceptable without a signature, and the signature must be from an owner or an authorized agent. If you have any questions, please contact the Assessors' Office at (781) 316-3050.

Please return completed form to: Assessors' Office
Town of Arlington
730 Massachusetts Avenue
Arlington, MA 02476

Also faxed: (781) 316-3059 or emailed: assessors@town.arlington.ma.us Be sure it is signed.

FOR ASSESSORS USE ONLY

Parcel ID: _____

Alt Parcel ID _____

Processed by: _____

Date: _____